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03/22/2010

CHRISTENSEN O'CONNOR JOHNSON KINDNESS PLLC

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Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

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SEATTLE, WA	98101-2347					(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/802,005	09/802,005 03/08/2001		Christopher Keith		125474	7701	
TITLE OF INVENTION	: AUTOMATED TRAD	ING NEGOTIATION P	ROTOCOLS				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO.	\$1510	SO SO	\$0	\$1510	06/22/2010	
	***			1	\$1510	0.02272010	
EXAM		ART UNIT	CLASS-SUBCLASS	J			
FELTEN, DANIEL S		3693	705-037000		aup z ammy	ATTY ALGORIAN	
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys  CHRISTENSEN O'CONNOR 1 JOHNSON KINDNESS PLLC				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,				
☐ "Fee Address" indication (or "Fee Address" Indication form			(2) tile name of a single intil (naving as a memori a registered attorney or agent) and the names of un to				
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
			THE PATENT (print or typ				
PLEASE NOTE: Unl recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee oletion of this form is NC	data will appear on the p T a substitute for filing an	atent. If an assigne assignment.	e is identified below, the de	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropr				le e u a Dio	poration or other private gro	. Da .	
riease check the appropr	rate assignee category or		. ,				
4a. The following fee(s)  Issue Fee	are submitted:	4	<ul> <li>b. Payment of Fee(s): (Ples</li> <li>A check is enclosed.</li> </ul>	ise first reapply any	previously paid issue fee	shown above)	
☐ Issue Fee ☐ Publication Fee (No small entity discount permitted)			A check is enclosed. Payment by credit card. KKKKNXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1740 (enclose an extra copy of this form).				
5. Change in Entity Sta	tus (from status indicate	d above)	overpayment, to teep.	sit Account Number	Circlesc an	i catta copy of this form).	
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.			☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
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Kevan L. Morgan

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June 22, 2010

42,015

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